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CONFIRMATION NO. 5365

SERIAL NUMBER 10/720,811	FILING DATE 11/24/2003 RULE	CLASS 604	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. XEPMED-126
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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 10/195,814 07/15/2002
 which is a CIP of 09/496,613 02/02/2000 PAT 6,423,023
 This application 10/720,811
 claims benefit of 60/429,126 11/26/2002
 and claims benefit of 60/494,895 08/13/2003

GA 14 June 05

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 03/11/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 9	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials				

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TITLE

Extracorporeal pathogen reduction system

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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